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ABSTRACT

Many Indochinese refugees in the United States suffer from serious social adjustment problems. These adjustment problems appear to reflect the stress of adapting to American life rather than chronic dysfunction. Particular groups of Indochinese who appear to experience social adjustment problems that are more severe in terms of intensity, frequency or duration are considered "high risk" subgroups. These include: (1) unaccompanied Indochinese children in American foster homes; (2) homebound women and the elderly; (3) drifters, largely consisting of former servicemen; (4) the uneducated; and (5) ethnically isolated refugee groups. Mental health providers should make use of culturally acceptable counseling techniques that integrate traditional values and social practices when handling the Indochinese client. In addition, since most mental health problems reflect family tension and conflict, treatment involving the entire family is preferred. Group counseling activities although underutilized, have proven effective in many areas of social adjustment when conducted with culturally acceptable techniques. Group day treatment has also been beneficial for those suffering from reactive and chronic psychoses, chronic depression, isolation, fears and phobias, eating disorders, and anxiety reactions. (Author/APH)

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INDOCHINA REFUGEES
FAMILIES/CHILDREN IN TURMOIL

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Indochina Refugees Families/Children in Turmoil

From 1975 when the Indochinese refugees first came to the United States, Indochinese individuals have assisted each other both through help in times of stress and through social and cultural activities which have a preventive mental health benefit. In some areas, the assistance has been totally informal while in other areas it has included support organized by self help groups commonly called mutual assistance associations (MAA's). Increasingly, these MAA's are seeking ways to establish formal structures for providing social services to their own people. Efforts should be made to encourage the strengthening of this MAA element of the natural helping or self-support system as well as strengthening the link between the MAA's and the more formal structures used to provide mental health services.

What are some of the areas of social adjustment of this group? I have deliberately used the term social adjustment instead of mental health.

The high risk groups within the overall Indochinese population are the recent arrivals and those who speak little or no English. They are at a distinct disadvantage in trying to utilize health, mental health, education, police, fire and other public services due not only to language barriers but other cultural barriers.

Social Adjustment Problems for Indochinese

Important qualitative and quantitative differences exist between the typical presenting mental health problems of Americans and Indochinese. American clients will frequently present one of the insidious and pervasive process disorders (most notably schizophrenia) and will often become legitimately chronically disabled in the course of time with, or without, mental

health treatment. Indochinese clients appear more frequently either to suffer acute personal distress as a result of family, other interpersonal and environmental pressures, or to have shut down and given up in their attempts to adjust to the American way of life. The mental hospitals in Indochina were not emptied during the evacuation process and the social adjustment problems experienced by refugees would seem generally to reflect the stress of adapting to American life rather than chronic dysfunction. These problems may be disruptive to self, family and community or more commonly simply limit the refugees' ability to work, learn English and in other ways successfully participate in American social institutions. The social adjustment problems for Indochinese refugees which appear to be most frequent include the following:

1. Depression
2. Guile Reactions
3. Phobias and Fears
4. Isolation and Withdrawal
5. Anxiety Reactions
6. Acting out or Aggressive Behaviors
7. Preoccupation
8. Somatic Complaints
9. Chronic Preoccupation
10. Chronic Dependency
11. Wife and Child Abuse
12. Marital Conflict
13. Intergenerational Conflict
14. Stepfamily Conflict
15. Refugee/Sponsor Conflict

16. Refugee/Employer Conflict
17. School Adjustment Problems
18. Delinquency
19. Run-aways
20. Paranoid States
21. Acute Psychoses
22. Chronic Psychoses
23. Reactions to Status Loss
24. Reactions to Loss of Identity
25. Disorientation
26. Alcoholism
27. Compulsive Gambling

High Risk Subgroups

Specifiable groups of Indochinese or involved Americans who appear to experience social adjustment problems that are more severe in terms of intensity, frequency or duration than other comparison groups are considered "high risk" subgroups. Particular subgroups which are so identified include:

1. Unaccompanied Indochinese Children and American Foster Parents

Common presenting problem: Depressive reactions; family conflict; multiple relocations, especially in the absence of appropriate family or group counseling.

2. Homebound Women and the Elderly

Common presenting problem: None without effective outreach and screening services since the social adjustment problems, e.g., isolation, phobias and somatic complaints, tend to be non-disruptive

or presented as non-mental health (e.g., health or vocational) in nature.

3. Drifters, largely consisting of Ex-service men

Common presenting problem: Chronic Vocational and Educational non-productivity; unable to negotiate American society; few if any friends or ties to the ethnic community; dress and actions considered culturally inappropriate or even bizarre.

4. Low or No Education Group

Common presenting problem: Shock; disorientation; somatic complaints; stress of inner-city living and community tension; inability to benefit from existing ESL and Job Training services or adapt to Western culture.

5. Ethnically Isolated Refugee Groups

Common presenting problem: Isolation; increased stress due to lack of ethnic community/cultural resources and support activities.

Individual and Family Counseling

Are services provided to the individual or family directly by one or more mental health service providers. Whether these services are provided in a structured or unstructured setting, the goal generally is to facilitate the individual or family ability to handle life problems.

Program Components - Individual and Family Counseling

1. Individual and family counseling approaches which have proven effective with American clients including emphasis on psychodynamic insight, intra-psychic processes or getting in touch with one's

feelings, have not been effective with Indochinese clients, and therapists who are trained in these "non-traditional" techniques do not appear to have skills that are particularly effective or readily adaptable to working with Indochinese clients.

2. Culturally appropriate approaches to individual and family counseling with Indochinese generally integrate traditional cultural values and social practices into a process which may or may not be explicitly labeled as therapeutic. Indochinese mental health service providers operating from one of the traditional roles are afforded positions of influence and a perspective through which their clients are prepared to interact in familiar ways. Culturally acceptable familiar counseling approaches should be encouraged since they will tend to be more accessible and appropriate for Indochinese clients. Indochinese conducting individual and family therapy describe their role as modified "professional - Elders" of the community, teachers, older brothers, etc., and other persons are involved in the service when the role is specialized, e.g., requiring a worker of the opposite sex, priest or monk, etc. .
3. Most mental health problems which are presented as individual in nature have been found to reflect family tension and conflict. Although some problems can be treated on an individual basis, working within the family system is generally less time consuming and more effective, and thus a preferred mode of treatment.
4. Transportation is important to individual and family services since the majority of Indochinese clients requiring mental health services do not have their own car and are unable to use public means of transportation.

Group Supportive Activities - include those structured activities provided on a regular basis which prevent or remediate psycho-social adjustment problems among Indochineses and Americans. Ongoing group therapy and support activities have been conducted on an ad hoc basis in different parts of the country and have proven effective with Indochinese and Americans. Groups which have been so identified includes the following:

Indochinese

1. Children (8-12 years of age).
2. Late adolescents (17-22 years of age).
3. Unaccompanied minors.
4. Elderly.
5. Drifters, and those labeled as chronically psychotic.
6. Ex-servicemen.
7. Previously high-status men adjusting to status loss.
8. Isolated women.
9. Uneducated/low education persons.

Americans

1. Sponsors.
2. Foster parents.
3. Rural service providers.

Group therapy and support activities have been underutilized with the Indochinese due to the limited involvement which refugees have had in the social adjustment process. Also, because of the serious doubts many providers initially had with regard to the viability of group services as a treatment modality. The assumption was that due to the stigma and shame associated with receiving a mental health service, Indochinese and Americans

would be unwilling to agree to group participation.

Indochinese group activities must utilize culturally acceptable techniques and procedures, many of which would be considered "unprofessional" according to American mental health traditions. These groups generally are conducted by a strong teacher authority figure who is directive to the extent that he provides a clear structure but is indirect, e.g., by using examples of consequences of other refugees (real or fictitious) "who are in a similar situation". These approaches will tend also to be task or problem focused and rely on culturally specific approaches to problem definitions.

At the present time, most Indochinese who require rehabilitation are socially or emotionally disabled and few are physically disabled since the non-ambulatory by and large were unable to escape Indochina. Most common problems for persons requiring rehabilitative services include those suffering from reactive and chronic psychoses, chronic depression, isolation, fears and phobias, eating disorders and anxiety reactions; the exception to this is the unaccompanied minors. Day treatment care is one modality that has good potential. Providing a series of structured group activities for a minimum of four hours per day, three days a week as an example. Most activities must be conducted in the native language but some activities can be conducted in English, e.g., specialized English as a second language instruction. Group day treatment activities have been beneficial for those having problems of;

1. Coping with depression and loss.
2. Fears and phobias.
3. Stress management (and how to worry effectively)

4. Introduction to behavior change.
5. Life in America.
6. The Indochinese family and marriage in America.
7. Remotivation and helping each other.
8. Physical exercise.
9. Money management.
10. Eating right.
11. English language class. (By ESL teacher).
12. Media discussion - television, newspaper and radio events.

Sheltered workshops are another modality that has proven to be effective for certain groups of refugees. Especially for those who need to re-learn skills needed to re-enter the work forces without having to face the immediate risk of "all or nothing" job failure.

Other alternative modalities can be useful depending on the needs of the refugee group. Vocational rehabilitation services, group living, half-way houses, etc.

As I mentioned in my opening remarks,ⁱⁿ attempting to be of assistance to this new population, every effort should be made to use the strengths inherent in this group and whatever efforts that are made to be of help, recognize the culture, language, life style and the dignity of every individual we attempt to help.